



UNIVERSITY of the
WESTERN CAPE



SCHOOL OF PUBLIC HEALTH

TRANSFORMING GLOBAL HEALTH THROUGH HOPE, HEALTH, ACTION AND KNOWLEDGE

Lessons from the Largest Continuing Education Programme in Public Health in Africa

Marian Jacobs

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The
A T L A N T I C
Philanthropies

ADVOCACY AND ACTION FOR SUSTAINABLE SOCIAL CHANGE AND HEALTH EQUITY

A public health programme initiated at the University of the Western Cape in 1992 led to the establishment of the School of Public Health in 2002.

In 1993, the Public Health Programme was housed in a leaky and overcrowded old prefabricated building on the periphery of the UWC campus. Today, its state-of-the-art building, which opened in 2009, visibly manifests its success in shaping a niche for its unique academic programme.

The school's focus on health equity has taken form through an academic programme, research and development, which is derived from the mission and experience of the university; aligned with the national health agenda, and informed by higher education and science policy. In so doing, it continues to make a significant contribution to national development in South Africa and to the broader discipline of public health and its practice.

The school's unique contribution lies in three major areas:

- The content of its education and research, which targets health systems, social determinants of health, human resources and other priorities in public health;
- The design of its teaching and learning programme, which uses blended and distance learning, and both short courses and postgraduate programme to increase access and;
- Its approach of community involvement as well as participation, which is central to the philosophy of primary health care.

UWC attracts participants from health and development sectors in the country and across the African continent, and has established a global footprint through its engagement and collaboration with academic institutions, research institutes, advocacy networks and global bodies such as the World Health Organization.

Its success can be attributed to the commitment and initiative of its leadership, the contribution of its teaching and research offerings, the support of its host faculty and the university as a whole, and its many collaborators, development partners and funders.

The Atlantic Philanthropies have made noteworthy and sustained contributions to the staffing, projects and programme management, particularly to the planning and establishment of a state-of-the-art building.

This has facilitated the contribution of the school to the faculty of health sciences, to the university as a whole, to academic public health and to the public-health sector in South Africa and globally.

The UWC School of Public Health, established in 2002 and located since 2009 in a state-of-the-art new building, focusses its academic teaching and learning, research and development programme on health equity

Its unique contribution lies in three major areas central to the philosophy of PHC

- *Content* – health development orientation
- *Design* – improving access to learning
- *Community-involvement*

Participants are drawn from many sectors across the country. Success can be attributed to the commitment and initiative of leadership. The contribution of The Atlantic Philanthropies has facilitated its far-reaching national and global impact.

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ABBREVIATIONS

CHEPSAA	Collaboration for Health Policy and Systems Analysis in Africa
CHW	Community health workers
DIALHS	District Innovation and Action Learning for Health System Development
DoE	Department of Education
DoH	Department of Health
HOP	Health of Populations Programme
HPCSA	Health Professions Council of South Africa
HRD	Human resource development
HSRC	Human Sciences Research Council
HCW	Health-care workers
ICT	Information and Communications Technology
IT	Information technology
M Med.	Master's degree in medicine
M Phil.	Master's degree in philosophy
MPH	Master's degree in public health
MRC	Medical Research Council
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-governmental organisations
NHI	National Health Insurance
NHRC	National Health Research Council
NQF	National Qualifications Framework
NRF	National Research Foundation
PhD	Doctoral degree in philosophy
PHC	Primary health care
RPL	Recognition of prior learning
SADC	Southern African Development Community
SAIDE	South African Institute for Distance Education
SAQA	South African Qualifying Authority
SARCHI	South Africa Research Chairs Initiative
SOPH	School of Public Health
UCT	University of Cape Town
UWC	University of the Western Cape
WHO	World Health Organization

INTRODUCTION

Over many decades, the University of the Western Cape (UWC) has harnessed its academic resources towards the transformation of South African society. From the early '90s, public health emerged as a specific focus for the university's attention, resulting in the establishment of the School of Public Health (SOPH), which now enjoys global recognition for its academic contributions to the advancement of health equity.

Recognising that the "health of a nation's population rests on factors such as the availability and accessibility of care, quality training for medical providers, and public policies that promote healthy behaviour¹"; the contribution of The Atlantic Philanthropies to the school's development – from a programme to a fully-fledged school – has been significant and sustained over more than a decade, enabling the school to focus academic attention on key aspects of public health and health equity, including primary health care, district development and human resources, among others.

PURPOSE OF THE REPORT

The purpose of this report is to tell the story of the impact of the SOPH, the strategic contribution of a development partner to its success, and the potential for replicating the approach of both the school and its partnership towards securing academic sustainability and advancing health equity.

METHODOLOGY

The approach involved interviews, record review and the collation of responses to specific requests for information and data.

Interviews were conducted with key informants including the current and former rectors, institutional planners, and the senior staff of both the Faculty of Health Sciences and the SOPH. The inaugural head of the Health of Populations Programme in South Africa was interviewed, and opinions of government leaders were also obtained.

Records reviewed were the relevant planning and progress reports made available by Atlantic, as well as materials, records, reports and publications from the institution and the school itself. Where relevant, peer-reviewed articles were also considered.

In the closing phase of the enquiry, the institution experienced serious pressure from the challenges of the national fees crisis², limiting opportunities for a wider-ranging exploration of the broad institutional system. Despite this, the insights of the university leadership were invaluable.

1 <http://www.atlanticphilanthropies.org/subtheme/population-health>

2 South African President Jacob Zuma faced a backlash in October 2015 because of proposed tuition increases. Zuma ordered a fee freeze for a year.

BACKGROUND

In the early '90s, following an exploratory visit by its leadership, Atlantic identified South Africa's inequitable health system as one important target for its investment, and established the Population Health Programme:

to secure the fundamental right to health for all citizens, and to improve the health and well-being of the most vulnerable through:

- *Improving human resources in health. Supporting the key institutions that would train and place a cadre of health professionals to work in the areas that needed them most, especially rural South Africa or informal settlements*
- *Developing primary health care systems. Strengthening primary health care at the district level where most of South Africa's health care is delivered*
- *Amplifying the voices of disadvantaged and vulnerable populations in the health system. Monitoring the implementation of health care policies to ensure that the government delivered on the promise of the Constitution.*³

In the early years, it committed to support institutions that would train health-care workers to meet the primary needs of South Africans, especially those in rural areas. A visit by John Healy, chief executive officer of Atlantic, identified the SOPH at UWC as an important and worthy contributor to this effort. This heralded the start of a long relationship involving Chris Oechsli, then head of the Population Health Programme, and Michael Savage, Gerald Kraak and Zola Madikizela of the South Africa office.

Over more than a decade, grants enabled the School to increase its staff from three people, working in an overcrowded prefabricated building, to almost 50 staffers; to develop and implement critical public health projects; and to strengthen its organisational and infrastructural capacity, through funding for a project management as well as a state-of-the-art building. The success of this intervention lies in the school's strengthened capacity to produce graduates who are trained in public health, as well as increase in its research productivity, both of which have made important contributions to advancing health equity in South Africa's public-health sector.

In April 2015, Atlantic commissioned an evaluation to capture the learnings of their investments in South Africa and the SOPH at UWC was identified as focus for this evaluation of learning.

Using a case study approach, the mandate of the evaluation was to ensure that "these case studies should seek to tell the stories of the organisations and extrapolate learnings from their experiences, presenting them in ways that can both facilitate future in-depth academic appraisals and be of practical value to those operating in the field at present."

THE UWC CASE STUDY

The SOPH at UWC has enjoyed a supportive relationship with Atlantic since 2004. The funding partnership has been strategic and sustained, and has evolved from a process of long-term planning — through strengthening of a human, organisational and infrastructural resource base — to support for specific research and development projects.

The case study's overall goal is to reflect on the success of the funded programmes and consider how they have impacted on, influenced and informed the development of the SOPH and in turn, allowed it to contribute to health equity through academic public health and its practice in South Africa and beyond.

³ <http://www.atlanticphilanthropies.org/app/uploads/2015/11/AP-in-South-Africa-Summative-Report.pdf>



Atlantic's support for the SOPH at UWC was framed by a development context that included the national policy environment, the social responsiveness challenge to higher-education institutions, and the institution itself.

This is the context that continues to inform the strategies and activities of the SOPH, and from which it draws the values and principles that govern its undertakings.

It also provides a lens through which Atlantic may review the approach of its grantmaking, and through which it can take pride in its contribution to broader national development, beyond public health.

A. THE SOUTH AFRICAN POLICY ENVIRONMENT

Health

The health sector in South Africa has undergone significant transformation since the advent of democracy in 1994. Key elements include:

- An explicit commitment to health equity founded on the constitutional right to health, and supported by a governance and management system that includes laws, policies and programmes;
- A restructuring of the health services, which has involved a shift of resources and activities to the district level as the prime site through which equity of access to services is mediated;
- A change in financing and financial resource allocation;
- Equity in spending among provinces;
- Human Resources as a target of several interventions that are underpinned by policy and programmes and aligned with the health equity intent and;
- Planning for a national health insurance policy, with a key focus on a programming approach entitled Re-engineering of Primary Health Care.

Implementation of these good intentions has been slow, with uneven translation into practice, calling for new approaches and partnerships between all concerned parties, including higher-education institutions, such as schools of public health.

Higher Education

In South Africa, higher-education institutions are governed by the Higher Education Act, which defines three primary purposes for public higher education, namely:

- Teaching and learning;
- Research and;
- Social responsiveness.

Publicly-funded higher-education institutions involved with public health are therefore obliged to fulfil their essential obligations in relation to the act and its plan in all three fields of academic endeavour. In addition, these requirements are entrenched in the current funding model for institutions of higher learning by the Department of Education. Health is given the greatest weight in the calculation of subsidies, critical components of which are publications, postgraduate throughput targets and the meeting of student equity targets.

While increasing these targets has the greatest potential to generate core funding, especially in the face of the current crisis in financing higher education, the mandates of social responsiveness and of expanding access through other approaches, such as flexible learning, have equal value in the implementation of higher-education policy.

Science and Technology

Another policy area governing institutions of higher learning is science and technology, which rests on three pillars: innovation, human resources and transformation, and the government's creation of an effective science and technology system.

The efforts of bodies related to health such as the Medical Research Council and Human Sciences Research Council, have been complemented at provincial and national levels by the establishment of research structures within the respective health departments, such as the National Health Research Council, under the auspices of the national Department of Health. Optimally, these bodies have the potential to work together to ensure that research endeavours support the policy imperatives of both science and health.

The contribution of tertiary institutions to the production of knowledge by scientists of excellence in all fields of endeavour – including public health – is therefore crucial, with funding made available through subsidies and grants, and further incentives such as the professorships sponsored by the National Research Foundation through the South Africa Research Chairs Initiative.

National Development Plan

The National Development Plan has a goal of eliminating poverty and reducing inequality by 2030. Its National Planning Commission identified 'a failure to implement policies and an absence of broad partnerships as the main reasons for slow progress' since 1994, noting in particular that 'the public health system cannot meet demand or sustain quality'. The plan specifies that the district-based approach to primary health care is foundational for implementation of the national health insurance.

The National Development Plan recommended that reforming the public health system should include a focus on:

- Improved management, especially at the institutional level;
- More and better-trained health professionals;
- Greater discretion over clinical and administrative matters at the facility level;
- Effective accountability;
- Better patient information systems supporting more decentralised and home-based care models and;
- Focus on maternal and young child care.

The National Development Plan thus sets the agenda for the health sector as a whole and makes an explicit call for evidence-based practice and greater attention to partnerships.

B. SOCIAL RESPONSIVENESS: AN ACADEMIC MANDATE

A Global Movement

Across the world, academic institutions are concerned with aligning their traditional mandates of teaching and research with the requirements and demands of society at large, resulting in accelerated efforts towards curriculum reform, expansion of research agendas and a focus on processes for strengthening engagement with both state and civil society in these endeavours.

Public health sciences are concerned with identifying current and potential population problems and their determinants, and implementing and evaluating the outcome of programmes designed to reduce the impact of those health problems.

The concept of academic public health should be a model of social responsive practice, yet more than a decade after its publication in 2004, the Wellcome Trust report on the challenges and opportunities to public health sciences remains pertinent. Highlighting the relationship between the public health sciences and public health practice, with special emphasis on the 'extraordinary disparity between ... the overriding importance of the public health sciences ... [and] the limited strategic interest in their infrastructure and conduct', the 2004 "Public Health Sciences: Challenges and Opportunities" report recommended a partnership between evidence; people competent to generate, manage, access and interpret evidence; and a framework for implementing the outcome of public health sciences research through policy implementation.

With regard to the institutional application of public health services, the Wellcome Trust proposed a coordinated long-term investment in the infrastructure for public health sciences (involving education, health and research funders); strengthening the relationships between universities and the public health service; and greater dialogue between public health scientists, the public, policy-makers and the media.

The South African Experience

South African academic institutions have a long history of efforts towards socially responsive public health practice, from the era of community-oriented primary care to more recent times.

The departments of community medicine established in the large faculties of medicine in the 1960s and '70s focused on preparing physicians as medical specialists in community medicine, later renamed as community, then, public health. This was an exclusive postgraduate programme, through which medical practitioners were prepared for practice in the public health sector.

There were significant limitations of these programmes in meeting the broader public health agenda. Not only did they exclude everyone concerned with public health other than physicians, but their curricula and research agenda were not explicitly focused on the needs of the public at large. In the late 1980s, the emergence of the mass democratic movement and its agenda for change included concerns connected to health and related challenges to academic institutions. This was the driver that fuelled discussions across the country on a new health order and the need for the establishment of supportive SOPH.

In the past two decades, SOPH, including some regional schools such as the Transvaal School of Public Health, were established at several universities in the country.

Most of these evolved from departments of community health, located in faculties of health science. There were no schools of public health in universities that did not have a medical school.

The challenge faced by health science education and training institutions, then, is to develop programmes designed to train and support health personnel at various levels of the public service to facilitate the process of change in the health and welfare service.

—Sanders D, Chopra M, Heywood A, Lehmann U. "Meeting the challenge of health for all through public health education: a response from the University of the Western Cape", *South African Medical Journal*, October 2001.

C. THE INSTITUTIONAL SETTING: UNIVERSITY OF THE WESTERN CAPE

The University of the Western Cape (UWC) has a history of creative struggle against oppression, discrimination and disadvantage. Among academic institutions it has been in the vanguard of South Africa's historic change, playing a distinctive academic role in helping to build an equitable and dynamic nation. UWC's key concerns with access, equity and quality in higher education arise from extensive practical engagement in helping the historically marginalised participate fully in the life of the nation.

—University of the Western Cape website

The University College of the Western Cape was established in 1959 as a constituent college of the University of South Africa for people classified as 'coloured'.

In the early years, the academic programme of the university was limited to training for positions in schools, the civil service and other institutions designed to serve a separated community.

Eleven years later, upon gaining university status to award its own degrees and diplomas in 1970, the university adopted a declaration of non-racialism, became recognised for its scholarship internationally and finally gained the status of autonomy enjoyed by its counterpart 'white' institutions.

Under the leadership of Professor Jakes Gerwel as rector, the late 1980s were witness to the university's explicit alignment with the mass democratic movement and a recognition of its status as the struggle university — an intellectual home of the left and a national asset.

In this space, the academic project underwent significant transformation in respect of curriculum renewal, innovative research and outreach projects with attention to the important social and policy issues of the day.

In the 1990s, the university made significant contributions to the new democratic order through its production of knowledge, policy support and people capable of leading roles at all levels of public office. Within the institution, this was accompanied by a commitment to inter-disciplinarity and accelerated attention to excellence in teaching, learning and research under the slogan of commitment by UWC as 'a place of quality, a place to grow'.

Towards the end of 2001, Professor Brian O'Connell assumed the rectorship at a time of great challenge, which culminated in a national decision to grant UWC retention of its autonomy. This recognition gave new impetus to the institution's continued commitment, to 'demonstrate



that it is capable of competing with the best and of playing a prominent role in the intellectual, social and economic life of the nation' while using 'its mandate to create and maintain a sense of hope for the nation whilst helping to build an equitable and dynamic society', according to UWC's website.

It also remains committed to creating, preserving and disseminating knowledge that is dynamic and relevant to the challenges of a modern world and a transforming society, and to retain the will and the ability to be an agent of change.

In O'Connell's view, the university became a metaphor for all of Africa and the global south. In reality, with UWC's established commitment to the needs of a society in transition, it remains a model of good social responsiveness practice for anywhere in the world: 'The history of UWC provides a foundation for understanding the need to address the past through a knowledge base generated by so many South Africans who were previously excluded from the rights and opportunity to do so'.

This was the political, academic, institutional and organisational setting in which public health at the UWC was born, and in which the Atlantic contribution was to have an impact way beyond expectation.

In its mission, the university strives to be a place of quality, a place to grow. It is committed to excellence in teaching, learning and research, to nurturing the cultural diversity of South Africa and to responding in critical and creative ways to the needs of a society in transition.

This mission is the foundation of the SOPH, which has this vision:

the optimal health of populations in developing countries, particularly Africa, living in healthy and sustainable environments, with access to appropriate, high quality, comprehensive and equitable health systems, based on a human rights approach.



The birth of public health at UWC resulted from a convergence of three distinct streams: the specific requirements for support of a health-equity-focused public health sector in transition; the overall commitment of the institution to the transformation of South Africa and the demands of the new democracy; and the insight of the university's leadership.

The conceptualisation of public health at UWC was very different from the prevailing model in the country, and was characterised by two approaches:

1. To infuse public health into the whole of the health and social sectors.
2. To develop a change in approach and the curriculum.

Within the institution, this new approach was viewed with the deep concern that it would threaten and undermine existing health sciences and that its curriculum reform would duplicate the academic development projects under way.

With O'Connell's understanding that health is more than medicine, that academic health science is more than academic medicine and that health care needs to reach deep into communities to become accessible and equitable, the insight and support of the Rector was the tipping point.

Recognising that academic health sciences were largely focused on high-income, lifestyle-related conditions and high-tech medical interventions, based on a medical, curative model of individual health care, there was a real need to conceptualise a public health approach to population health through a public health programme, driven by a small nucleus of people capable of infusing a public health approach to the broader health system, through both health and social sectors.

From the planners' perspective, the differentiating factor in the choice of approach to academic public health at UWC was clear: more systemic in terms of relating to the requirements of the health system as a whole; and having an appeal to students beyond South Africa's borders. In doing so, they would bring about the university's internationalisation strategy.



Based on the university-wide Health and Welfare Mission Project, the plans to establish the SOPH proceeded, with the initial creation of the Public Health Programme. In the context of UWC as a home for all, it also became a home for the public health initiative, to be led by Mr Ebrahim Rasool (later appointed as head of Health for the Western Cape), who worked with Dr Olive Shisana to develop a framework for public health, as the basis for an elementary programme.

In the early '90s, Professor David Sanders assumed the leadership of the Public Health Programme, with a staff of two. Under his leadership, the establishment of summer and winter schools heralded a different approach to teaching and support which would become the hallmark of public health at UWC.

THREE PHASES OF DEVELOPMENT

1. The Health and Welfare Mission Project

The conception for a focus on public health at UWC was initiated in the '80s by then-Rector Jakes Gerwel and first emerged at the 1988 conference Building a People's University. This led to exploration of the concept of a School of Public Health through further discussions, secondment of Dr Olive Shisana from the Medical Research Council and support from the Mauerberger Foundation, and it was given expression through the Health and Welfare Mission Project.

Under the auspices of this project, site visits were made to schools of public health abroad over a period of a year, and a public seminar series was convened. A critical component of the project was its consultation with community-based services in rural areas in South Africa and with the Progressive Primary Health Care Network.

In the 1990s, to ensure continuity, three important public health outputs emerged from the Health and Welfare Mission Project: a common curriculum for health and welfare-related disciplines at the university, a W.K. Kellogg-funded community partnerships programme and a commitment to plan for a school of public health with regional connections. This was the forerunner to the Public Health Programme, which led to the School of Public Health.

2. The Public Health Programme

In 1993, the UWC Public Health Programme was launched, with a goal to award degrees and to lead the development of a Western Cape Regional SOPH, which had been the focus of a regional colloquium involving the Western Cape universities and convened at UWC in 1992.

In the early years, the Public Health Programme was governed by a Joint Academic Planning Committee under the leadership of Professor Renfrew Christie and was charged with facilitating cross-department planning with representatives from each faculty, including the disciplines of dentistry, psychology, philosophy, social development and health. This collaboration led to the introduction of public health courses across the undergraduate health and social sector programmes, some of which are still being taught. One example was the 'Philosophy of care' course, which incorporated an introduction to primary health care, basic measurement and health promotion. The course also included 1-2 days of community engagement in which a multi-disciplinary group conducted home visits and other activities to gain a better understanding of community dynamics in Mitchells Plain, which is a township of low- and middle income communities on greater Cape Town. This effort was part of a larger Kellogg-sponsored community partnerships project and was supported by the Faculty of Health Sciences' Teaching and Learning Unit.

At the inception of the Public Health Programme, the concept of a Regional School of Public Health was raised for discussion, leading to a lengthy engagement facilitated largely by Professor Sanders, leader of the programme at the University of the Western Cape, and Professor Gewers of the University of Cape Town. Despite their efforts, the dream of a regional school of public health did not come to fruition; instead, in the early years, the University of Cape Town (UCT) and the Medical Research Council made further contributions to the public health programme through teaching and postgraduate support, thus laying the foundation for collaboration towards the development of the programme and its ability to award of degrees.

The first degree students were admitted in 1994 and awarded a master's in philosophy qualification, which was later replaced by the country's first master's in public health.

3. The School of Public Health

The School of Public Health was inaugurated in 2002, a decade after its first expression as the Public Health Programme at UWC. Of significance is that this was the first School of Public Health established in a university that did not have a medical school, thus giving institutional effect to its view of public health as being much more than clinical practice.

Hence, with a vision to transform the health system from a curative, hospital-oriented service to a quality, comprehensive and community-based system through developing and strengthening public health practice, it aims to equip health professionals with the knowledge and skills to help transform health and welfare sectors in developing countries. It has sustained its focus on primary health care, district health management, human resource development, health promotion, health information systems, water and sanitation, nutrition, HIV/AIDS and TB and school health in the broader context of health systems and health policy research.



The School's Academic Project

The academic project which is widely recognised in South Africa and other African countries for its design, flexibility and wide accessibility, has four major thrusts: teaching, research, service and advocacy.

Teaching and Learning

The public health programme laid the foundation for the education programmes of the School of Public Health. Initially, public health made contributions to other undergraduate programmes and offered a postgraduate certificate and degree as the master's degree in philosophy in public health. This was replaced by the master's in public health, which was offered to students from a variety of disciplines, including occupational therapy, nutrition and dietetics, and nursing.

All teaching aims to be inter-professional and interdisciplinary, and while the bulk of the teaching effort targets postgraduate learners, the school acknowledges the need to support undergraduate teaching as a pipeline into the postgraduate level. The school also recognises the importance of delivering continuing education programmes in support of life-long learning at all levels of the health system.

Recently the postgraduate certificate was discontinued, and currently the school's main activities involve offering a postgraduate diploma, master's and doctoral degrees in public health, as well as delivering numerous continuing-education courses through its winter and summer schools.

Winter and Summer Schools

In 2017, the school will offer its 40th course in winter and summer schools that have been held since 1992 and which probably represent the largest continuing public health education in Africa. Open to all who have experience or interest in health, several week-long courses are delivered through multisector engagement while focusing on priorities in public health.

Since inception, the schools have been attended by more than 12,000 health-care practitioners and managers from throughout the country and the African continent, most of whom have been sent by their health services.

Master's in Public Health Programme

The UWC master's in public health course is offered by coursework and thesis, and is unique in several ways. It offers specialisations in areas not covered by other programmes. Its non-residential, flexible approach, with mixed mode-delivery and resource-based learning, makes it accessible to students from across the country and continent, as well as those in full-time employment. Its ladder curriculum, which progresses from diplomas, through bachelor's degree to master's level, acts as a model for other disciplines, such as nursing. It complements other academic programmes at UWC by focusing on mid-level managers in the public health system, with particular attention to the district.

PhD programme

The school offers a doctoral programme by thesis, with opportunities for conduct of the research in the areas of its focus.

Flexible Learning: A Public Health Innovation in Teaching and Learning

The need to consider a different approach to learning arose from a commitment to increase access to public health programmes to all, because many potential students were part-time learners, and many others were also distant from the university, Cape Town and the region as a whole.

Engagement with the Open University and Flinders University, with Fran Baum as collaborator, was supported by AusAID, which provided a tertiary education grant for support of the distance learning approach and help with materials development, while the flexible design that balanced face to face with remote teaching and learning was developed in house at UWC SOPH.

Unlike other distance learning programmes offered in Africa by global institutions outside of the continent, the home-grown nature of the programme, as well as the flexibility of their provision, makes this attractive to those who live and work on the continent.



The establishment of the blended learning approach was a first at UWC, and its success led to the need for more staff to deliver that programme, other residential courses and the summer and winter schools. Against this background, additional staffing was the priority identified in response to Atlantic's offer of funding, which then led to the award of the first of several major grants described below.

The Curriculum

In the higher-education field of offerings from schools of public health in the country, the public health curriculum at UWC remains unique.

Its explicit primary health-care approach, the principle of which is social justice and health equity, informs all its programmes. Furthermore, the curricula include health promotion and health management, and the teaching of epidemiology has been integrated with biostatistics to provide a basis not just for research but especially for practice in the field.

These characteristics have been the hallmarks of the programme sustained over time. Its foundation and design make its summer and winter schools, as well as its accredited programmes, very attractive to practitioners who work in the public-health sector, which is governed by the national health policy of health equity in South Africa. The universal appeal of a programme with an explicit health equity focus as well as the distance-learning potential has enabled participation of students from across Africa and the rest of the world.

Research

The school's research productivity has grown dramatically in the nearly two decades since the birth of public health at UWC, with a research agenda that closely aligns with the health system requirements.

Its research agenda is derived from its projects, partnerships with and the priorities of the health sector. It is largely applied and integrates community participation, service development and testing of practical implementation generated through enquiry.

The current focus of research includes health systems and policy, social determinants of health and building a district-based public health system and pharmaceutical public health.



The school hosts the World Health Organization Collaborating Centre for Human Resources for Health, and the university-wide virtual Centre for Research in HIV and AIDS, which catalyses and coordinates multi-disciplinary, multi-sectoral research, convenes seminars, supports students and develops publication series. It has been awarded a Medical Research Council extramural research unit entitled Health Services to Systems and is also a partner in the National Research Foundation-funded Centre of Excellence in Food Security, hosted at UWC.

Its contribution to research in its home faculty is appreciated, and within the university, its research productivity is ranked in the top 10 units.

The award of two National Research Foundation chairs — in Health Systems, Complexity and Social Change; and Health Systems Governance — along with the Medical Research Council awards to the school of an extramural research unit entitled Health Services to Systems, attests to its recognition as a national research centre of excellence. Its acknowledgement as a significant contributor to global research and development in public health is cited below.

A Global Footprint

The school enjoys collaborations within the institution, with other academic and health service in the province and nationally, and with institutions across the global south.

For the past five years, the University of the Western Cape has worked with the Universities of Addis Ababa in Ethiopia, the National University of Rwanda and Eduardo Mondlane University in Mozambique to develop curricula and materials and to train staff in their universities and ministries of health in human resource development for health. More recently, the school convened a workshop with 16 sister institutions across Africa and in the rest of the global south to strengthen postgraduate public health education generally and training in health systems analysis and research specifically.

Health information systems was an early focus of the UWC Public Health Programme and has led to the school's important contribution to the development and global expansion of health information systems as an academic focus and in practice.

Its long-term links with World Health Organization headquarters and its African Regional Office (AFRO), particularly on issues of human resources for health, resulted in the school being designated as a WHO Collaborating Centre for Research and Training in Human Resources for Health in 2004 and, more recently, hosting an electronic resource centre for human resources for health in Africa.

The Students

Most of the students on the school's programmes are practitioners in the public health sector. This not only helps to inform an academic programme that is relevant and developmental but also strengthens the school's vision and goals and in turn, contributes to building the capacity of the workforce in context.



In 2008, 275 master's students were registered at the SOPH. Thirty percent came from South Africa; 70 percent came from about a dozen African countries north of South Africa. By 2013-14, a total of 392 students were registered for postgraduate programmes. In the same period, 86 students were registered for doctoral degrees, of which one-third live in the Western Cape, another third in the rest of South Africa and a third beyond our borders.

We are privileged to count among (our graduates) senior Ministry of Health officials, practitioners at the frontline of the Ebola epidemic, and activists campaigning against botched sterilisations in Chhattisgarh State in India.

Helen Schneider, Director, in Annual Report of the School of Public Health, 2013–2014

The Staff

In 1993, the Public Health Programme was launched with two academic and one administrative staff. Over the years, the SOPH grew exponentially in both size and scope, hosting the largest blended learning programme in public health in Africa, a large postgraduate programme and a growing portfolio of research and service development programmes.

Over more than two decades since its inception as a Public Health Programme, the School's academic staff complement has grown to about 50 in number, with seven full professors, as well as many staff being employed in externally funded research projects.

The Infrastructure

Based on its strengths, the school planned expanded foci and greater activity in identified areas in order to meet its vision. This demanded an urgent need for expanded space designed to meet the requirements of the academic project, as well as adoption of new andragogy. Increase in the distance-learner enrolment has resulted in expertise in the design of blended learning approaches, and the related use of information technology and effective communication strategies to reach students off site.

An evaluation of the distance-learning programme conducted by the South African Institute of Distance Education in 2006 commended the school for offering high-quality distance education to a range of students who would not otherwise be able to access postgraduate studies in public health and recommended that all the identified strengths leading to the programme's success be nurtured and that staff capacity be expanded to reach larger numbers.

As the school developed best practices in blended learning, it adopted new e-learning approaches, which needed support of requisite technology and infrastructure, both of which are currently offered by the new building.

THE ATLANTIC PHILANTHROPIES, UWC AND THE SCHOOL OF PUBLIC HEALTH PARTNERSHIP

The partnership between Atlantic, UWC and its SOPH has spanned more than a decade, and simplistically can be described in four phases: engagement, planning, support and sustenance.

A. ENGAGEMENT

Brian O’Connell, former rector, and Larry Pokpas, director of institutional planning at UWC, recall the institutional climate and reality which prevailed at UWC when first engaging with Atlantic’s leadership, which followed their request for submission of a proposal from the SOPH for support for its staff development and retention.

In 2007, the institution was dying; staff morale was low; there was no confidence in the university leadership and systems; and the external perception was of an institution in dire straits. Several programmes had been scaled down; staff had been retrenched in ways which were hurtful and unacceptable; and the threat of a merger with another academic institution in the region was ever present.

-Brian O’Connell, former rector

Noting the advice of renowned educationist Margaret Archer — ‘the future will depend as much on our behaviour as the quality of our argument’ — the institution set about demonstrating to the state those achievements that aligned to its mission. Highlighting the capacity to do meaningful things that reached beyond the institution’s walls was critical. This provided the climate for Atlantic’s trust in the SOPH’s potential to make this contribution, despite the 2000 reality of public health being just a small academic unit, within the periphery of the campus, situated in prefabricated buildings, and with just 36 students.

This was also the background to the 2005 visit of Chuck Feeney and Atlantic Board to the university for a ‘cup of tea’ that turned into a lunch at which they learned about the institution’s history. Recalling the journey from 1959, when UWC was established as a University College, the rector described the challenges of the 1960s and 1970s, the triumphs of the 1980s and the 1990s, with the many contributions to the democratic transformation and national development.

Bringing them up to the challenges of the 2000s, the rector also described a financial crisis of institutional bankruptcy, unpaid fees and staff retrenchments. Feeney responded by commending people who have the strength to fight, be resilient and directive, with a clear understanding of the project to be undertaken. The board members present noted that this response — from someone who was usually silent — was extraordinary. The values embodied in this response were, however, to characterise Atlantic’s engagement with UWC over the next decade and also set the stage for a partnership that would transcend the operational requirements of the SOPH.

Engagement with population health leadership of Atlantic – from the headquarters and also from the South Africa office – followed the meeting with the rector, setting the scene for planning and support.

B. PLANNING

In the mid-'90s, Professor Mike Savage was the appointed lead for Atlantic's higher-education portfolio in South Africa, and in the early 2000s, based on discussions with key informants in the field, he identified public health as an important area of focus for higher-education support.

One of the major contributors to Prof Savage's understanding of the challenges facing public health was Professor David Sanders, who was then invited to address the Atlantic Board in his capacity as a public health expert. He provided an overview of the area and its challenges, and advocated for general support of public health and academic public health specifically in South Africa.

An early invitation to Prof Sanders to meet his counterparts in Vietnam provided an opportunity for sharing experiences and approaches. However, back in South Africa, in the academic public health arena, although the appetite for substantive sharing and learning from one another was less successful and more limited, in 2004, Atlantic initiated activities of the South African Health of Populations Programme.



One possible area of their interest, which had been sparked by engagement with the UWC SOPH, was providing support for activities of other SOPHs across the country. Seeking evidence for guiding such support, Atlantic commissioned a scoping of the public health capacity and practice of each of these schools, focusing on the:

- Scope, nature and quality of its teaching programme and research;
- Relevance of its teaching and research to contemporary developments in the area of public health in South Africa;
- Quality of its leadership;
- Number and composition of its graduate, undergraduate, diploma and certificate students and;
- Contribution of the SOPH to meeting public health challenges in contemporary South Africa.

Furthermore, the scoping was aimed at recommending how best the HOP [Health of Populations] programme could meet its strategic objectives through support for schools of public health, and any possible regional formations of such schools. In particular, the recommendations would need to take account of Atlantic's desire to support public health activities that were to have impact, be sustainable and have the potential for its grantmaking to leave a legacy.

Key findings were:

- SOPHs are making an important contribution to the health of the South African population;
- Capacities and contributions vary across and between schools;
- Partner arrangements could be valuable;
- Common standards of practice, such as a basic curriculum for the master's in public health, may be a good start — another could be sharing of course materials;
- The research component of the master's degrees is the major obstacle to throughput;
- Focusing on research capacity development and learner/ tutor support can be very beneficial;
- A vast amount of public health activity existed outside of SOPHs;
- Links between clinical and public health enhances research and teaching and their impact;
- The small number of staff on core contracts, resulted in fragile potential for sustainability;
- Major difficulties with attracting and retaining African staff;
- A great demand for courses at all schools, and the student population is diverse and;
- The Departments of Health and Education each has a special role to play in supporting SOPHs.

Major recommendations from this scoping exercise were the following:

- Support should be provided for teaching and learning, and for developing research capacity in public health;
- Academic infrastructure needs to be strengthened.

- Collaboration between institutions could be encouraged through joint funding for specific issues;
- The Department of Health needs to develop a national strategy to secure the future of SOPHs;
- Infrastructure for SOPHs needs to be strengthened through coordinated long-term investment and;
- Atlantic should facilitate the convening of a meeting of SOPHs and the Departments of Health and Education with a view to establishing a national task force that could develop a long-term plan for SOPHs.

The scoping culminated in a workshop of all the institutional representatives, at which the results were shared and discussion held on the way forward.

Despite the enthusiasm for sharing, and an agreement that these recommendations would be considered through a national network of SOPHs, these came to nought. The national connections remain limited, with some linkages between public health medicine specialisation through the Colleges of Medicine, some regional collaborations such as the Western Cape informal consortium and burgeoning collaborations between the SOPHs in the rest of the country.

Nonetheless, the recommendations were taken into consideration in Atlantic's grantmaking to SOPHs nationally, with one of the key beneficiaries being the UWC SOPH.

C. SUPPORT



The UWC has been an Atlantic Philanthropies grantee since 2004 and has benefitted greatly from both the largesse and the approach taken by this very generous and unusual development partner. In all, Atlantic contributed \$36 million to the UWC.

STAFF

The background to the support from Atlantic for staff of the SOPH represents application of the philosophy of the school's view to practice. Recognising that human resources are the critical element in a system, be it health on a broader front, or a health sciences institution, this was the identified priority in the school's early discussions with Atlantic.

The Challenge

In 2004, the staff numbered almost 40, with three-quarters of those being research and academic staff. The large proportion of the latter group was project-based and externally funded with the number of staff supported by the university being miniscule: four full-time academic posts, three administrative posts and a few posts for part-time tutors. In an environment of rapid growth with potential to increase, having this large project-based funding base did not augur well for academic expansion independent of funder priorities, nor did the mostly one-year contracts allow for longer-term appointments and security for staff thus employed.

With an over-burdened senior academic staff, stability of this group was an imperative for both the academic project and the increasing need to accelerate the production of young black South Africans capable of contributing to the public health sector through research, policy and practice.

The Goal

The envisaged staff development plan would address both short-term needs by recruiting qualified, experienced and expert academics to lead and develop priority areas. For the longer term, concurrent efforts would involve the mentoring of junior staff and the recruitment of young academics with the potential to grow by embarking on doctoral studies, with a focus on leadership into the future.

The request was therefore linked to the staff retention and development plan, to be funded over a period of five years, with an incremental increase to 11 funded posts across junior to senior levels.

The Innovation: A Recipe for Institutional Success

The plan's success would rest on an agreement governing the funding partnership between Atlantic and UWC. With initial funding coming from Atlantic, this contribution would decline over time, with increasing complementary funding from the university to a point at which all the posts would be funded by the university through its core budget from the university.

This arrangement was unique in the university. Initial misgivings were mitigated by knowledge that the track record of public health was a model of academic practice for the institution's vision and mission, thus making the human resources deal negotiated by Atlantic more palatable to the institution.

The Grant and Its Outcome

In March 2004 the UWC SOPH received a grant of ZAR7.4 million from Atlantic, the primary objective of which was to stabilize the pool of senior academic staff, most of whom were funded through short-term project grants and also to support the development of young, black South Africans as public health researchers, policymakers and practitioners.

The Atlantic grant funded academic research positions: three junior level, two mid-level and two senior level. While staff were recruited using the general guidelines of the institution, on the recommendation of the university leadership, preference was given to senior academic staff exiting contract posts without careful academic consideration. Of the five offers made to internal staff, four accepted and a fifth was appointed through external advertisement and recruitment.

When one of the newly appointed senior staff resigned to take up another post, university management agreed to upgrade the post to full professorship, and an appointment was made through international recruitment in 2009.

At the junior level, the school succeeded in recruiting and mentoring young South African academics towards doctoral degrees, publications and other academic leadership development as a pipeline into senior academic positions.

The result of the grant is that since 2006 the SOPH has had a stable complement of 11 permanent academic and three permanent administrative positions, all of which are financed through core funds in the Faculty of Health Sciences.

One challenge is that a decade later, the short-term plan for increasing the complement of senior academic staff has not been fully realised, with most of those recruited thus not having successfully pursued their academic development and leadership. Although this has resulted in some resentment on the part of those higher-performing academic staff who remain in contract posts, the approach remains laudable, and is recognised as a significant contribution to staff expansion through such a funding partnership and strategy across the university.

THE BUILDING

Background

In 1993, at its inception, the Public Health Programme was accommodated in the Old Arts Building, and later, in a leaky and overcrowded old prefabricated building on the periphery of the UWC campus. Despite the intent to relocate the burgeoning academic activities of this innovative academic unit to another space, nothing came to fruition due to the severe fiscal constraints and cumulative underfunding experienced by UWC from 1997 to 2002, which led to backlogs in maintenance and renewal.

As a result, this old prefab building was still the home of the SOPH when Atlantic first engaged with the school's director, Professor David Sanders, in the early 2000s. Upon being asked what he would wish to be supported, Professor Mike Savage, then programme lead for Atlantic's South African operations in higher-education, expected that a new building with space to accommodate expanding academic activities would be Prof Sanders' answer. Instead, staffing was identified as the critical limiting factor, and this led to the initial grant for additional staffing, described above.

This visit by Prof Savage, and later visits by Chris Oechsli, then head of the global population health programme, and now CEO of Atlantic, and Chuck Feeney, Atlantic's philanthropist, heralded the start of a decade of engagement and fruitful relationships with the university, particularly its SOPH.

Following this visit, and having observed the accommodation which placed significant constraints on realisation of the public health school's potential, Feeney invited a UWC delegation — the rector, the institutional planner and representatives of science and public health — to visit Australia for one week.

During this time, he introduced them to people, planners and their approaches, as well as arranged visits to a variety of sites, including one not unlike the public health prefabricated building.

On the visit, they were exposed to the view of a brownfield development adjacent to a military barracks that was the focus of a discussion of the transformative potential of this arrangement and which served as an analogy for translating a vision (both literal and figurative) into reality. It also served as a pointer for infrastructure development at UWC, in particular the envisaged public health and science buildings, which Mr. Feeney believed needed to be located on the periphery of the campus, for public visibility as well as a symbol of proximity to public issues.

This visit resulted in two major contributions from Atlantic. The first was through an Atlantic Health Program grant to construct a building for public health and the second through an Atlantic Founding Chairman grant, recommended directly by Mr. Feeney, which funded the Life Sciences Building.

The approach taken in support for the public health building was in itself most unusual, based on a staged approach that included funding for the:

- Assessment of the strategic focus that took account of the school's responsiveness to local, national and regional (Southern Africa) capacity development in public health, and the school's

- projection 10 years and beyond;
- Planning of the infrastructure to house this long-term strategy and;
- Implementation of the infrastructure plan.

The identified needs of the SOPH included:

- A properly equipped building that would house the increased staff of the SOPH, provide well-equipped teaching and learning spaces, including support for tele-learning, as well as adequate space for the winter and summer schools and other public events and;
- Appropriate technology and communication abilities to strengthen the school's distance and blended teaching and learning approaches.

In the short term the building would accommodate public health and dietetics. In the medium term the building would support the school in attracting additional human and financial resources linked to it being a world-class facility in public health provision. Long-term outcomes envisaged include the establishment of scientific and research excellence, capacity development to build south-south and north-south-south networks.

The building was constructed on the basis of the plan, at a cost of approximately ZAR60 million, and on the basis of full consultation with all parties involved and concerned as users, managers, university planners and leaders, and others.



Located next to the major road passing the university, visible to all passers-by, the building has been in full use since its opening in 2009, and there is anecdotal evidence that all the goals articulated in the school's strategic plan have been realised. The new building consists of large teaching and learning areas, a hall and spaces to accommodate large meetings and seminars, and a computer laboratory and resource centre.

Both the former rector and the current head of institutional planning noted that since the approach taken has come to be used as the gold standard for infrastructure development on the campus, a full evaluation of the building's development – from concept through to utilisation could be invaluable – not only to the school but the university as a whole.⁵

THE HEALTH SYSTEM: DISTRICT SUPPORT

The District Innovation and Action Learning for Health System Development project is an action research partnership between two South African academic institutions and two health authorities, and funded by Atlantic for three years through a grant of ZAR11.4 million to UWC to lead and coordinate the group's proposed work.

Goal

The project focuses on strategies for strengthening district health systems, especially at the sub-district level, and ultimately seeks to contribute to the National Health Plan and re-engineering primary health care initiatives by strengthening governance in primary health care.

⁵ School of Public Health, Faculty of Community and Health Sciences, Report of Activities 2013–2014

Intended Outcomes

There are a number of proposed outcomes from the grant initiative to support strengthening the district health system.

The short-term outcomes (one to three years) are:

- Improved implementation of priority health policies and programmes for management and service delivery;
- Understanding the wider applicability of the policy, managerial and programmatic innovations developed at the sub-district level;
- Identifying the policy and managerial changes needed across health system levels to support effective policy implementation and strengthen the district health system;
- Close engagement between managers of selected sub-districts and other managers, as well as between researchers and a range of health managers across the system;
- Close engagement between teaching staff and health service managers to inform the development of training curricula;
- Empirical cases or examples for use in health management training;
- Field opportunities for health management training and action research and;
- Public health training opportunities for those working in clinical disciplines, such as nurses.

The medium-term outcomes (three to five years) are:

- Strengthened collaboration between academics and health service managers as part of developing communities of practice;
- Better understanding of the role and value of an action research approach in health management training and;
- A model of using an action research approach for improving policy implementation and strengthening the district health system.

The longer-term outcomes (10 years) are:

- Improved understanding of strategies for addressing the challenges of policy implementation, particularly in South Africa and;
- Improved district health system performance and management, particularly at the primary and community level.

Progress and Outcomes

Important achievements in the first phase of the project were getting to know the sub-district of Mitchells Plain and its role players; introducing the project to the various parties concerned; and conducting a situation appraisal of processes, management authority and community engagement approaches as a basis for identifying challenges and opportunities.

Activities based on this analysis including community profiling, support for facility managers and the sub-district teams, and a series of reflective engagement with all participants.

The project has just concluded and a formal evaluation of the extent to which the planned outcomes were achieved. Much has been learnt along the way, and these lessons have been documented in detailed project reports.

Lessons Learnt

The lessons have profound implications for the conduct of health systems research and have reinforced the need for respecting some of the core principles of the primary health care approach, namely, multi-sectoral involvement, community participation and a bottom-up approach to health systems strengthening.

The project methodology and approach also provides pointers for working in partnership with academic and health service organisations.

THE HEALTH SYSTEM: COMMUNITY HEALTH WORKERS

The goal of this project was to contribute to a national revitalisation of primary health care in South Africa and to accompany, support and evaluate the development and integration of a national community health worker model.

Following years of discussion on the role of community health workers in South Africa, there has been a renewed focus on their potential to contribute to the health system, with a recognition that their successful integration will demand a clear policy, involving appropriate definition of tasks, adequate remuneration and support for both training and on-job supervision.⁶

The school is widely acknowledged as the evidence and resource base for policy and practice issues related to community health workers. In the renewed focus on the contribution of community health workers to health systems, the school requested support for systems development and monitoring/evaluation in support of a formalised an integrated health worker programme in South Africa.



For many years, the school has had sustained involvement in the education and training of community health workers and has enjoyed extensive collaborations with health worker networks globally. Building on a decade of mobilisation and funding for lay workers in health and other development sectors, the project goal was to have community health workers recognised and supported as essential components in primary health care-led systems.

In specific, they should:

- Have a clear mandate, roles and delegated responsibilities;
- Be adequately supported by other health workers;
- Be selected with community participation, be adequately trained and appropriately remunerated and;
- Be integrated into human resource planning, budgeting, regulatory, monitoring and evaluation processes.

A grant of ZAR1 million was awarded from Atlantic in 2012 and over a period of a year, the project aimed to generate information for systems development, support key processes of implementation, develop frameworks and tools, and enable consensus among key actors.

Early progress reports indicated that the project was well under way to achieve its objectives, with some of the outcomes of this initial investment including creation of a national monitoring and evaluation framework in support of a national health policy and national standardised curriculum for training community health workers, as well as contributing to a dedicated training programmes for cardiovascular disease, through which the capacity of community health workers to screen for risk was demonstrated.⁷

6 Haines A, Lehmann U, Sanders D et al: Achieving child survival goals: potential contribution of community health workers *Lancet*: Volume 369, Issue 9579, 23–29 June 2007, Pages 2121–2131

7 [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)00143-6.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00143-6.pdf)

However, while the value of community health workers was clearly demonstrated, the findings also reinforced the need for clear definitions for roles, expectations and career paths, and highlighted the need for greater attention by government to addressing the deficiencies in the system at large.⁸

The grant has been valuable in supporting this orphan component of the human resource pool and continued focus of the school on community health workers thus remains critical.

THE MANAGEMENT SYSTEM

Two projects funded by Atlantic during its long relationship with the SOPH are worthy of special commendation as being unique in the relationships between the development and donor agencies and their implementing partners.

1. THE PLANNING GRANT

Following their recognition of the importance of an expanded space and infrastructure needed to support the School of Public Health in delivery on its mission for public health, Atlantic declared its intention to fund a new building. Noting that the adage 'form follows function' would be fundamental to the design and contextual location of the building, Atlantic identified three stages it would fund in the planning process:

Stage 1:

Assessment of the school's focus and location, with a 10-year strategy to inform a plan to answer questions related to the vision and purpose. This included assessments of its success on response to public health issues nationally and on the African continent; a 10-year projection of strategies, programmes and activities; and identification of its location in respect of the institutional, local, national and regional context.

Stage 2

This would involve a plan for translating the above vision into infrastructure, including a building and information and communications technology capability.

Stage 3

This was the stage of implementation of the plan with design, construction and refurbishment.

All these stages were supported by the grant from Atlantic, and the approach gave new insights to university planning to ensure close alignment between the academic project and its infrastructure.

2 THE PROJECT MANAGEMENT UNIT

The growth in staff and projects, and the anticipated additional support to follow the new building put great pressure on an overburdened academic and administrative staff, neither of whom had a dedicated project management mandate. The planning process identified this as a serious concern and recommended the appointment of contract management staff with the exclusive responsibility of managing externally funded academic and research projects.

⁸ Shafika Abrahams-Gesselet al: Training and Supervision of Community Health Workers Conducting Population-Based, Noninvasive Screening for CVD in LMIC: Implications for Scaling Up. GLOBAL HEART © 2015 World Heart Federation (Geneva).. VOL. 10, NO. 1, 2015 ISSN 2211-8160/\$36.00. <http://dx.doi.org/10.1016/j.gheart.2014.12.009> in *SOPH Bulletin June 2015*

A consultative meeting with all staff concerned recommended the establishment of the designated project management unit with posts for a financial manager and administrative assistant.

This unit was established in 2006 with funding from Atlantic and has been sustained through cost-recovery allocations on all grants and some funding from the university.

D. SUSTAINABILITY

After more than a decade of partnership, Atlantic will award no further grants to the institution but as a closing gesture awarded it ZAR15 million to enable it to attract and retain the best staff by building medium- to long-term reserves through a sustainability fund.



While no further Atlantic Philanthropies funding is available, the legacy of generosity will live on in the permanent staffing, the building and its infrastructure, the systems and the approaches that have characterised the engagement over a decade. These – along with the sustainability fund – will preserve the school for the long term.

What we learnt:

1. Investments in hospitals and clinics will take a nation only so far in helping to improve the health of its population. The doctors, nurses and other medical professionals who staff them must be properly trained to deliver quality care.
2. To instil a culture of health, it is important to invest in and support leaders and advocates who will be responsible for promoting policies and practices that result in better health outcomes for people.
3. When working on reforming a nation's health-care system, it is important to make government a co-funder at the start to ensure that public support for the work continues after private funding ends.

THE IMPACT



Over a decade, Atlantic provided grants to the SOPH for specific purposes and projects. The first was the staffing grant, then the grant for the infrastructure, followed by grants for district support, community health workers and the management system. In terms of the goals and planned intentions of each funded project, the impact of these grants can be relatively easily described. In terms of its wider impact on the school, the grants have provided immeasurable contributions and support.

During the decade of support from Atlantic many opportunities for development at SOPH were unlocked, as well as contributions to national development. In line with the institution's internationalisation goal, funding also allowed the SOPH to expand its global footprint and consolidate its linkages with bodies such as the World Health Organization.

THE IMPACT ON THE SCHOOL OF PUBLIC HEALTH

The grant for staffing made a huge contribution to strengthen the sustainability of the SOPH, with a strong academic staff now capable of supporting the growing academic activities, the productivity and the production of both knowledge and resources to support the health sector.

The university's view is that Atlantic's approach to funding for permanent posts represented a shift moving public health from the periphery to mainstream academic status. By getting the institution to commit to take over permanent positions after a defined period, Atlantic had significant influence on the culture of the institution.

The building provides an important venue for engagement and dialogue.

More than simply an academic building it is a meeting place; a place where government and civil society organisations meet to discuss matters relating to public health: where public lectures, working symposia and conference are held; where experiences are shared, ideas contested and developed and, learning takes place – especially between practitioners, be they enrolled on a degree programme or attending a short course or event.

Ute Lehmann

The grant for the building and infrastructure has allowed expansion of residential as well as distance learning activities, as well as providing a space in which interdisciplinary activities and research can be undertaken.

In general, Atlantic Philanthropies' support of the SOPH opened the door for other funding. It also stabilised the school through staffing and infrastructure, with increased staff leading to an increase in students and publications, and increased funding from others.

In short, Atlantic's trust through support enhanced the school's reputation in the university and beyond. The funding to the SOPH helped to enhance the visibility of the school, its staffing and its contributions to the broader health sector, and to showcase the university as a place of both excellence and relevance.

The Impact on the Faculty

The funding to the SOPH was unique in that it represented a resource concentration in a niche area, and public health as envisaged had the potential of being a catalytic influence in the Faculty of Community and Health Sciences.

Over time, the underlying philosophy of a systems approach, founded on social justice principles, started to rub off. Public health supported other units, with an impact leading to a situation where the current departments of nursing and rehabilitation sciences compare favourably with others.

At its inception, some regarded public health as an ivory tower, as part of the Faculty of Health Sciences, but also different because of its exclusive postgraduate nature, its perceived different treatment by the university and its failure to apply the wealth of its funding and productivity and outputs with the rest of the faculty. Initially, the only link was with nutrition and dietetics, but both the perception and the practice have changed.

The appointment of a graduate of the SOPH as the deputy dean for research has been beneficial to both facilitation of interdisciplinary academic interaction across the faculty, as well as the faculty at large. The public health leadership has been more open to sharing and collaboration. Some examples are the collaborative research on HIV and nursing, and HIV and physiotherapy, and the greater access to supervisors from the School of Public Health for faculty-wide research.

In the context of the perceived greater need for a faculty building, the establishment of the building was also initially viewed with concern, and the policies of restricted access aggravated this perception. However, that has also changed, and it is now used more widely for teaching, events and for other administrative purposes like faculty board meetings.

The Life Sciences (building) has life in it; the public health (building) did not have public in it.
Brian O'Connell, former Rector

That has changed, and the 'wow' reaction of the students who are now allowed access to the building could be a magnet for further learning in public health. The location of the Interdisciplinary Teaching and Learning Unit offices in the building also augur well for consolidating interdisciplinarity in health sciences.

THE IMPACT ON THE INSTITUTION

The incumbent rector, Professor Tyrone Pretorius, has had a long relationship with the SOPH – through his positions as professor of psychology; dean of the Faculty of Health Sciences; deputy vice chancellor: academic; and now – after an absence to leader another academic institution – returning as head of the university.

His view of the school derives from this experience, and from having watched the progression, transformation and impact on the faculty and the university resulting from Atlantic's support.



His opinion of the development of the school over a period of 10 years is one of phenomenal achievement. When he left for another institution, the Public Health programme had about 25 master's graduates a year, many staff were on contracts, and the whole school was in an overcrowded prefabricated building. A decade later, the school is in a modern building, the annual 'production' is about 200 students, their research is on top as measured by bibliometric indices and their impact on other disciplines, such as nursing and physiotherapy, is 'amazing', said Prof. Pretorius.

He believes that this is now a fully-fledged academic unit that has succeeded in delivering on the mandate set by the late Jakes Gerwel and concludes that 'what happened from when I left to my return can be attributed to Atlantic Philanthropies (which was) a catalyst for transformation ... (and) without which the PHP would not have been developed'.

Within the institution, the prestige of the programme also had other impacts, such as the award of the National Research Foundation Chair. This points to the impact of the grant on unlocking other opportunities.

THE WIDER IMPACT OF THE SOPH ON THE INSTITUTION

Several aspects of the SOPH have had a profound impact on the institution, its policies and practices. Although there is no direct link between Atlantic funding and these outcomes, the expanded staffing and infrastructural capacity resulting from the grants definitely played a part with the school's adaptive capability making public health and its Atlantic Philanthropies support a special model of good practice.

With regard to teaching and learning, the introduction of blended learning in a dominantly residential institution facilitates access and widens the institution's reach. Lessons learnt from the school's experience and practice are invaluable in understanding how to deal with blended learning pervasively.

At an academic planning level, the innovative engagement with bureaucracy and administration allowed them to stay ahead of their game in meeting their objectives, and the model for funding staffing is just one example of such innovation.

The confidence that came with the plans for the new building and the request to the Department of Higher Education for co-funding possibly bordered on arrogance but led to substantial support for both the public health and science buildings from government. This heralded a systemic programme of infrastructure funding at UWC, where such planning had been ad hoc and encouraged the institution to think and dream big.

One aspect of the design and location of the building which had a transformative impact on the institutional practice was the use of land, as well as facilities and their design. No building is now less than four or five stories to accommodate development, and all are designed with the potential for use as multi-purpose facilities, with more flat floor space in keeping with the educational delivery.



The building also had an impact on morale. As the first dedicated postgraduate facility, it emphasised the need for facilities that extended beyond the biorhythms of the university. It was also needed as a multiuse facility for university activities, such as town hall meetings.

The experience with the building was also the basis of a recommendation to the Department of Higher Education: that every campus, especially of an historically disadvantaged institution, should have a building that is beautiful, productive, a home through which young people can contribute to the intellectual project and a beacon of academic excellence.

The largesse of Atlantic had an impact beyond expectation. Acting as a visible, credible, relevant game changer for the university, it attracted the confidence of other donors and acted as a magnet for further funding for the university.

THE IMPACT ON NATIONAL AND GLOBAL PUBLIC HEALTH

Over nearly two decades, the UWC School of Public Health has developed from three academic staff working in a leaking, overcrowded prefabricated building, to with more than 50 staff delivering a fully-fledged academic programme from a state-of-the-art-building.

Its impact on both national and global public health has been exceptional and derives from several factors.

The first is the dedication and insight of its leadership, starting with David Sanders and later, Ute Lehmann and Helen Schneider. With a deep understanding of public health, its determinants and its links to health equity, the leadership continues to give direction to school's academic agenda.

The second is the uniqueness of the content of teaching and research, which has maintained a focus on the district as the organisational home of health system transformation, underpinned by commitment to health equity and human rights. This has enabled the school to be valued as an important contributor to processes, policies and programmes of transforming health systems on both national and global front, as well as being recognized for developing human resources aligned to this mission.



The third is the school's approach, which has not only been explicit in its principle of community engagement and participation but has also sought to improve access to a wide range of participants through its blended learning and distance reach.

The school has stayed true to the principle of community involvement, core to the primary health care philosophy. In so doing, it has built and retained links with the local, provincial and national departments of health, from community through district to central health facilities and their leadership.

There have also been good links between the province-based schools and their health department partners. In the Western Cape, the relationships have been forged around substantive health systems support initiatives such as the District Innovation and Action Learning for Health Systems project, also supported by Atlantic, which has clearly documented lessons learnt from such engagement that can be applied across the health system.

On the global front, UWC SOPH has played a bigger partnership role, providing guidance to the Public Health Foundation of India and to the BRAC School of Public Health in Bangladesh on specific areas such as improving access to the programme through flexible learning and sharing of modules.

More recently, there has been good collaboration between the schools of public health in the African region, and UWC has played a contributory role through this network, as well as through its postgraduate programmes such as the World Health Organization-accredited master's degree in human resources for health, through projects such as the Collaboration for Health Policy and Systems Analysis in Africa, and through support for the establishment of master's of public health programmes in other African countries including Uganda, Ethiopia, Mozambique and Rwanda.

Although impact is difficult to attribute directly as it is impossible to disentangle names, people, connections, outputs and impact, the university leadership acknowledges that Atlantic funding allowed a quantum leap in growth and confidence, placing the school firmly among the leading academic departments at the university, and as a recognised leading public health institution on the continent and globally.

ATLANTIC PHILANTROPIES: A UNIQUE DEVELOPMENT PARTNER



Across the school, the faculty and the university, there is a view that Atlantic is a unique development partner with which the university has had the privilege of engaging since the early 2000s. This in itself is unusual, as it is uncommon to have a sustained funding relationship aligned with strategic plan and with development partner walking the road with the academic institution over time.

Prof O'Connell's view was that it is also rare to have the opportunity to meet and engage with senior executive leadership of donor agency and then to find compatibility between their values and those of the institution. Chuck Feeney himself believes in knowledge, education, people taking ownership of their lives and destiny; he also believes in co-funding and partnership, and these beliefs set the scene for a partnership based on common values and purpose.

There are many other lessons learnt through this partnership, one of which is the importance of executing strategy through doing rather than talking. In this way, Atlantic's strategic approach helped the whole institution to think differently about its place in the world and to find a middle road between its legacy as an historically disadvantaged institution and an recognised globally competitive university.

There are also special aspects of Atlantic leadership that are unusual in the donor community. These included the ability to listen; the quiet skill to show one how to learn; taking one's hand and walking the long journey; exposure to possibilities; using real stories, real sites, real images; and above all, finding good in others. There are also some further critical attributes that characterise Atlantic and differentiate it from other donors and development partners. These are never instructing UWC to do something that it did not want to do and never interfering; and having an in-built sense of humility, expressed originally in anonymity, and later, by not seeking publicity or public attribution.

Going forward, the university and the faculty take great pride in having the school in their midst. Yet there remain opportunities for the school to expand its focus, and hence its reach.

The former director expressed a view that within the school, there is an opportunity for introducing new modules that have currency with the burden of disease. These are maternal and child health, non-communicable disease as well as infectious diseases such as malaria. While the social sciences have tended to lead the curriculum content, there is real space for integrating these with the clinical sciences through such areas of concern.

Support for interaction between school of public health and services could be valuable, along with the creation of national, regional and south-south networks and facilitation of more linkages between grantees across the public health spectrum, nationally and globally.



At an institutional level, there are many opportunities for better relationships between the SOPH and the faculty. At an operational level, these could include a shared project manager and finance officer; common approaches to SOPH project proposals in respect of human resources; and joint oversight of grant income and legal compliance. At a functional level, there could be further options for use of the building by the broader faculty. And at a strategic level, greater attention needs to be paid to succession planning, and especially to addressing transformation through staff appointments.

Some perceived challenges to be overcome in moving forward are also the institutional culture, the competitive nature of academia and the academic planning and administrative structures and processes that sometimes constrain innovation and limit the opportunity to develop further.

Beyond the university walls, the overall feeling of those interviewed is that the influence of the school has not been fully realised nationally, and there is opportunity for addressing this in the future.

Two factors in the higher-education system could be perceived as limiting the reach of the school: the absence of a medical school and the legacy of having been a 'black' university. This has not in any way constrained the school's potential for extending interdisciplinary collaboration within the Faculty of Health Sciences, and in inter-sectoral and transdisciplinary collaboration across the university itself.

CONCLUSION: A DREAM REALISED

When Atlantic first engaged with the SOPH at UWC, it could not have realised what its real contribution to the institution, its reputation and profile, and its policies and systems would be.

The complexity of supporting health systems through public health, along with the institution's mission for both transformation and global competition had to be held in a balanced tension, and this was the environment in which Atlantic played a role which could not have been anticipated and far exceeded expectation.

Over more than a decade, the partnership with [Atlantic] has been characterised by endurance and patience to create something that has a perfect fit for the university and its mission.

Through their mode of support and engagement with the institutions, they made one feel that they would not let us down.

Brian O'Connell, former rector

The dream of Professor Jakes Gerwel was for UWC not to be intellectually anaemic but rather unapologetic in bringing its intellectual resources to bear on the national project. He also conceptualised public health as an intellectual contribution to a transformed health system.

The SOPH has succeeded in helping to realise his dream, and the impact of the contribution of Atlantic is immeasurable. Atlantic changed UWC because the pride, says Brian O'Connell, is something to behold.



With a critical understanding of global health, Atlantic exposed the school to public health in Vietnam and the experience of leadership elsewhere in the world, and with a good sense of the fit between its choice of project and the broader vision and values of the institution, it helped the school to move forward.

In so doing, Atlantic's contribution has had a profound impact on the university at large, the School of Public Health and the policies and practices of public health in support of health equity in the country and beyond its borders.

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